

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.	FILED DATE
							APPORPORTION	
							09/856050	
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1								61
2								62
3								63
4								64
5								65
6								66
7								67
8								68
9								69
10								70
11								71
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26								86
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30								90
31								91
32								92
33								93
34								94
35								95
36								96
37								97
38								98
39								99
40								100
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
TOTAL IND.	14		24		15			TOTAL IND.
TOTAL DEP.	25		26		16			TOTAL DEP.
TOTAL CLAIMS								TOTAL CLAIMS

BEST AVAILABLE COPY